

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049345

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED DEC 20 1963

Primary Registration District No.

1003

Registrar's No.

12007

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

Unk

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

4141 Cook Ave.

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

4145 Cook Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

JOHNNIE

Middle

LEE

Last

COLES

4. DATE  
OF  
DEATH

Month

Nov.

Day

16

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

Col

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

Unknown

## 8. DATE OF BIRTH

Unk

## 9. AGE (last birthday)

About 46

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Unknown

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Linnie Robinson

4026 Fairfax

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Status Asthmaticus

## DUE TO (b)

Hypertension

## DUE TO (c)

241X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

and last saw her alive on

Death occurred at

553 P

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23. FUNERAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

12-5-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Father Dickson

## 23d. LOCATION (City, town, or county)

St. Louis

Co

Mo.

## 24. FUNERAL DIRECTOR

JAS. H. RANDLE &amp; SON

## ADDRESS

3133 Bell Ave.

## 25. DATE RECD. BY LOCAL REG.

DEC 5 1963

## 26. REGISTRAR'S SIGNATURE

H. M. D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOWED READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT, OF

7-10000-001

7-10000-001

7-10000-001

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by NOT EMBALMED, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

JAS. H. RANDLE & SON

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James H. Randle

Licensed Embalmer No. Not Embalmed

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.